



TEACHER APPLICATION

Please complete the information below and return to Wright-Patterson AFB Educational Outreach Office, Attn: STARBASE WRIGHT-PATT -Applications, Det 1 AFRL/WSC, 2130 Eighth St, Bldg 45, Room 45, Wright-Patterson AFB, OH 45433-7542 or fax to (937) 255-1585.

Grade Level: _____ Teacher Name: _____

School: _____ School District: _____

School Address: _____

City, State: Zip: _____

School Phone Number: (____) _____ School Fax Number: (____) _____

Principal: _____ Total Number of Students: _____

Demographics

Racial/Ethnic Status

(This area must equal the total number of students you would like to enroll in STARBASE. Do not place a student into more than one category for each heading. You may approximate if necessary.)

African American: _____ American Indian: _____ Asian: _____

Caucasian: _____ Hispanic: _____ Multiracial: _____ Other: _____

Gender

(This area must equal the total number of students you would like to enroll in STARBASE.)

Male: _____ Female: _____

Under-represented

(This area should not exceed the total number of students you would like to enroll. Do not place a student into more than one category for each heading.)

Inner-City or Rural Area: _____ Physically Challenged: _____

Free/Reduced Lunch: _____ English as 2nd Language: _____

Learning Disabilities: _____ Other (describe): _____

Mentally Challenged: _____